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| United States Bankruptcy Court Northern District of Illinois | | | | | | | | Volu | ıntary | Petition | | |
|---|--|--|--|--|--|--|---|--|---|---|---|--|
| Name of Debtor (i Champlain, T | | ter Last, First, | Middle): | | | Name | of Joint De | ebtor (Spouse | e) (Last, First | , Middle): | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): FKA Tina L Dilbeck | | | | All Of (include | ther Names de married, | used by the J maiden, and | Joint Debtor trade names | in the last 8 y | years | | | |
| Last four digits of 3 (if more than one, state al | | lividual-Taxpa | yer I.D. (| (ITIN)/Com | plete EIN | Last fo | our digits o | f Soc. Sec. or | Individual- | Гахрауег I.D. | . (ITIN) No | o./Complete EIN |
| Street Address of I 203 S. Spruc Stillman Valle | e St | Street, City, a | and State) |): | ZIP Code | | Address of | Joint Debtor | (No. and Str | reet, City, and | d State): | ZIP Code |
| County of Residen | ce or of the Prir | ncipal Place o | f Busines | | 61084 | Count | y of Reside | ence or of the | Principal Pla | ace of Busine | ess: | |
| Ogle Mailing Address of | | • | | | | Mailir | ng Address | of Joint Debt | or (if differe | nt from street | t address): | |
| | | | | Г | ZIP Code | <u>. </u> | | | | | | ZIP Code |
| Location of Princip (if different from st | | | | l | | <u> </u> | | | | | | |
| | pe of Debtor mization) (Check | one how) | Τ | | of Business | } | | | | otcy Code Un | | h |
| Individual (incl See Exhibit D on ☐ Corporation (in ☐ Partnership ☐ Other (If debtor check this box an | udes Joint Debt page 2 of this for icludes LLC and is not one of the a id state type of en | tors) m. d LLP) above entities, tity below.) | Sing in 1 Rail Stoo | lth Care Bu gle Asset Ro 1 U.S.C. § Iroad ckbroker nmodity Broaring Bank er Tax-Exe | siness eal Estate as 101 (51B) oker mpt Entity | , | Chapt Chapt Chapt Chapt Chapt | er 7 er 9 er 11 er 12 er 13 | Cl of Cl | hapter 15 Pet a Foreign M hapter 15 Pet a Foreign No e of Debts c one box) | ition for Re ain Proceed ition for Re onmain Pro | ding ecognition oceeding |
| Each country in which | | | unde | (Check box tor is a tax-ex er Title 26 of e (the Interna | the United S | zation tates | defined "incurr | are primarily conding the second of the seco | § 101(8) as idual primarily | for | | are primarily ess debts. |
| Full Filing Fee at Filing Fee to be pattach signed app debtor is unable to Form 3A. Filing Fee waiver attach signed app | tached paid in installment lication for the co to pay fee except in requested (applic | ourt's consideration installments. | individual ion certifyi Rule 10060 7 individu | ing that the (b). See Office als only). Mu | Check Check BB. | Debtor is not if: Debtor's agg are less than all applicable A plan is bein Acceptances | a small busi regate nonco \$2,490,925 (e boxes: ng filed with of the plan w | debtor as defir ness debtor as c | defined in 11 taled debts (except to adjustment | C. § 101(51D). J.S.C. § 101(51) cluding debts o on 4/01/16 an | ID). wed to inside the every three | ers or affiliates) e years thereafter). editors, |
| Statistical/Admini Debtor estimate Debtor estimate there will be no | es that funds will es that, after any | ll be available exempt prop | erty is ex | cluded and | administrat | | es paid, | | THIS | SPACE IS FO | OR COURT I | JSE ONLY |
| Estimated Number 1- 50- 49 99 | of Creditors 100- 199 | 200- | 1,000- 5,000 | 5,001- 10,000 | 10,001- 25,000 | 25,001- 50,000 | 50,001- 100,000 | OVER 100,000 | | | | |
| Estimated Assets | | \$500,001 to \$1 | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | More than \$1 billion | | | | |
| Estimated Liabilitie So to \$50,0 \$50,000 \$100, | 01 to \$100,001 to | \$500,001 to \$1 | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | | | | | |

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B1 (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Champlain, Tina L (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Steven Gaerke May 29, 2015 Signature of Attorney for Debtor(s) (Date) Steven Gaerke Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

B1 (Official Form 1)(04/13)

Voluntary Petition

(This page must be completed and filed in every case)

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Tina L Champlain

Signature of Debtor Tina L Champlain

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

May 29, 2015

Date

Signature of Attorney*

X /s/ Steven Gaerke

Signature of Attorney for Debtor(s)

Steven Gaerke

Printed Name of Attorney for Debtor(s)

Eric Pratt Law Firm P.C.

Firm Name

3957 North Mulford Rd. Suite C

Rockford, IL 61114

Address

Email: rockford@jordanpratt.com

815-315-0683 Fax: 815-516-5943

Telephone Number

May 29, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Name of Debtor(s):

Champlain, Tina L

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

X

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Northern District of Illinois

| In re | Tina L Champlain | | Case No. | |
|-------|------------------|-----------|----------|---|
| | • | Debtor(s) | Chapter | 7 |
| | | | | |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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| □ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); □ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); □ Active military duty in a military combat zone. □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. I certify under penalty of perjury that the information provided above is true and correct. | B 1D (Official Form 1, Exhibit D) (12/09) - Cont. | Page 2 |
|--|---|---|
| requirement of 11 U.S.C. § 109(h) does not apply in this district. | deficiency so as to be incapable of realizing a responsibilities.); □ Disability. (Defined in 11 U.S.C. § unable, after reasonable effort, to participate i through the Internet.); □ Active military duty in a military co | 109(h)(4) as physically impaired to the extent of being in a credit counseling briefing in person, by telephone, or ombat zone. |
| I certify under penalty of perjury that the information provided above is true and correct. | ± • | |
| | I certify under penalty of perjury that the | information provided above is true and correct. |
| Signature of Debtor: /s/ Tina L Champlain Tina L Champlain Date: May 29, 2015 | | - |

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B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

| In re | Tina L Champlain | | Case No. | |
|-------|------------------|----------|----------|---|
| _ | | Debtor , | | |
| | | | Chapter | 7 |
| | | | - 1 | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 0.00 | | |
| B - Personal Property | Yes | 3 | 2,100.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 0.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 5 | | 72,785.00 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 2 | | | 4,741.00 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | 4,645.00 |
| Total Number of Sheets of ALL Schedu | ıles | 18 | | | |
| | T | otal Assets | 2,100.00 | | |
| | | | Total Liabilities | 72,785.00 | |

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B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

| In re | Tina L Champlain | | Case No. | | |
|-------|------------------|--------|----------|---|--|
| _ | | Debtor | , | | |
| | | | Chapter | 7 | |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. \S 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 0.00 |

State the following:

| Average Income (from Schedule I, Line 12) | 4,741.00 |
|--|----------|
| Average Expenses (from Schedule J, Line 22) | 4,645.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 6,839.00 |

State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 0.00 |
|--|------|-----------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 72,785.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 72,785.00 |

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B6A (Official Form 6A) (12/07)

| In re | Tina L Champlain | Case No. |
|-------|------------------|----------|
| - | · | Debtor , |

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property, without Community

Nature of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

Amount of Secured Claim

None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

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B6B (Official Form 6B) (12/07)

| In re | Tina L Champlain | Case No. | |
|-------|------------------|----------|--|
| _ | | Debtor | |

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|-----|---|------------------|---|---|--|
| 1. | Cash on hand | X | | | |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | check | ring account w/US BAnk | - | 100.00 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. | Household goods and furnishings, including audio, video, and computer equipment. | older | household furniture & personal belongings | J | 1,500.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. | Wearing apparel. | neces | sary wearing apparel | - | 300.00 |
| 7. | Furs and jewelry. | weddi | ing rings & misc. costume jewelry | - | 200.00 |
| 8. | Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. | Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. | Annuities. Itemize and name each issuer. | x | | | |
| | | | | | |
| | | | | Sub-Tot | al > 2,100.00 |

2 continuation sheets attached to the Schedule of Personal Property

(Total of this page)

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Tina L Champlain | Case No. |
|-------|------------------|----------|
| _ | | Debtor |

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| | | | (Continuation Sheet) | | |
|-----|---|------------------|--------------------------------------|---|---|
| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | x | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| | | | (To | Sub-Total of this page) | al > 0.00 |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re Tina L Champlain Case No | In re |
|--------------------------------|-------|
|--------------------------------|-------|

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories. | X | | | |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | X | | | |
| 32. | Crops - growing or harvested. Give particulars. | X | | | |
| 33. | Farming equipment and implements. | X | | | |
| 34. | Farm supplies, chemicals, and feed. | X | | | |
| 35. | Other personal property of any kind not already listed. Itemize. | X | | | |

| Sub-Total > | 0.00 | | (Total of this page) | Total > | 2,100.00 |

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/13)

| In re | Tina L Champlain | Case No. |
|-------|------------------|----------|
| _ | · | , |
| | | Dehtor |

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: (Check one box) ☐ 11 U.S.C. §522(b)(2) ☐ 11 U.S.C. §522(b)(3) | ☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.) |
|---|---|
|---|---|

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|---|--|----------------------------------|---|
| Checking, Savings, or Other Financial Account checking account w/US BAnk | rs, Certificates of Deposit 735 ILCS 5/12-1001(b) | 100.00 | 100.00 |
| Household Goods and Furnishings older household furniture & personal belongings | 735 ILCS 5/12-1001(b) | 1,500.00 | 1,500.00 |
| Wearing Apparel necessary wearing apparel | 735 ILCS 5/12-1001(a) | 300.00 | 300.00 |
| Furs and Jewelry wedding rings & misc. costume jewelry | 735 ILCS 5/12-1001(b) | 200.00 | 200.00 |

Total: 2,100.00 2,100.00

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B6D (Official Form 6D) (12/07)

| In re | Tina L Champlain | Case No. | |
|-------|------------------|----------|--|
| _ | | Debtor | |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| | _ | | | | | | | |
|--|----------|------------------------|--|--------------|--------------|------------|--|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONFLXGENT | UNLLQULDATED | D I SPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
| Account No. | | | | Т | T E | | | |
| | | | Value \$ | | D | | | |
| Account No. | | | | | | П | | |
| Account No. | | | | | | | | |
| | | | Value \$ | | | Ш | | |
| Account No. | | | Value \$ | | | | | |
| Account No. | | | | | | | | |
| | | | Value \$ | | | Ц | | |
| continuation sheets attached | | | S (Total of th | ubte is p | | | | |
| | | | (Report on Summary of Sci | | ota ule | | 0.00 | 0.00 |
| | | | , , , , , , , , , , , , , , , , , , , | | | | | |

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B6E (Official Form 6E) (4/13)

| In re | Tina L Champlain | Case No. | |
|-------|------------------|----------|--|
| - | · | Debtor | |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. | |
|---|------|
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) | |
| ☐ Domestic support obligations | |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible re of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). | lati |
| ☐ Extensions of credit in an involuntary case | |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment trustee or the order for relief. 11 U.S.C. § 507(a)(3). | t of |
| ☐ Wages, salaries, and commissions | |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whicheve occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). | |
| ☐ Contributions to employee benefit plans | |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of bus whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). | sine |
| ☐ Certain farmers and fishermen | |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). | |
| ☐ Deposits by individuals | |
| Claims of individuals up to $\$2,775$ * for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. $\$$ 507(a)(7). | |
| ☐ Taxes and certain other debts owed to governmental units | |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). | |
| ☐ Commitments to maintain the capital of an insured depository institution | |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federace System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). | dera |
| ☐ Claims for death or personal injury while debtor was intoxicated | |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). | |

0 continuation sheets attached

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

| In re | Tina L Champlain | Case No. | |
|-------|------------------|----------|--|
| | | Debtor , | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, | ç | Hu | sband, Wife, Joint, or Community | Ç | U | Ŀ | Л | |
|--|----------|-------------|---|------------|-------------|-------------|--------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J H H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDAT | T F | J | AMOUNT OF CLAIM |
| Account No. | | | notice | Ť | T E D | | | |
| Allied Interstate Box 4000 Warrenton, VA 20188 | | - | | | D | | | 0.00 |
| Account No. | Г | | notice | t | T | T | † | |
| American Accounts & Advisors 7460 80th St S Cottage Grove, MN 55016 | | - | | | | | | |
| | | | | Ļ | Ļ | L | \downarrow | 0.00 |
| Account No. xxx2518 Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622 | | _ | Opened 6/01/13 Collection Attorney Radiology Consultants Of Rockf | | | | | 4 4 4 7 0 0 |
| A (N | | | | igspace | ┡ | L | \downarrow | 1,147.00 |
| Account No. Blitt and Gaines 661 W Glenn Ave Wheeling, IL 60090 | | _ | notice | | | | | 0.00 |
| 4 continuation sheets attached | | | (Total of t | Subt | | | Ţ | 1,147.00 |
| | | | (Total of t | 1110 | Pug | ,~ <i>)</i> | ′ L | |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Tina L Champlain | Case No. | |
|-------|------------------|----------|--|
| _ | | Debtor | |

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|---|----------|----------|---|------------|-------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | COZH-ZGEZH | Q U I | DISPUFED | AMOUNT OF CLAIM |
| Account No. xxxx4056 | | | Opened 7/01/11 | Т | D A T E D | | |
| Calvary Portfolio Services Attention: Bankruptcy Department 500 Summit Lake Dr. Suite 400 Valhalla, NY 10595 | | - | Collection Attorney Hsbc Bank Nevada Orchard Bank | | D | | 463.00 |
| Account No. xxxxxxxxxxxx8024 | t | | Opened 9/01/01 Last Active 5/21/10 | | | | |
| Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | | - | Credit Card | | | | 30,000.00 |
| Account No. xxxxxxxxxxxx5914 | ╁ | | Opened 9/01/08 Last Active 6/14/10 | | | | |
| Ccs/first Savings Bank 500 E 60th St N Sioux Falls, SD 57104 | | - | Credit Card | | | | 418.00 |
| Account No. | ╁ | | medical | | | | |
| Certified Hand Ctr Of Rkfd in Byron Box 809170 Chicago, IL 60680 | | - | | | | | 2,300.00 |
| Account No. | + | \vdash | notice | + | | Н | ,, |
| COMO Law Firm Box 130668 Saint Paul, MN 55113 | | - | | | | | 0.00 |
| Sheet no1 of _4 sheets attached to Schedule of | | | | Sub | | | 33,181.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | this | pag | ge) | 30,101130 |

Case 15-81455 Doc 1 Filed 05/29/15 Entered 05/29/15 11:41:50 Desc Main Document Page 17 of 44

B6F (Official Form 6F) (12/07) - Cont.

| In re | Tina L Champlain | Case No. | |
|-------|------------------|----------|--|
| _ | | Debtor | |

| | | | | | | _ | |
|---|-----------------|----|---|----------|------------------|---|-----------------|
| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | Ç | U N L | P | |
| MAILING ADDRESS | C O D E B T O R | н | DATE CLARAWAG DIGUDDED AND | C O N T | Ľ | s | |
| INCLUDING ZIP CODE, | B | W | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM | 11 | 1 QU | U | |
| AND ACCOUNT NUMBER | T | J | IS SUBJECT TO SETOFF, SO STATE. | N | Ų | Ī | AMOUNT OF CLAIM |
| (See instructions above.) | R | С | is septiled to selfert, so strile. | NGENT | חו | Ď | |
| Account No. | T | | notice | † ¦ | A T E D | | |
| | 1 | | | | Ď | | |
| Credit Control | | | | | | | |
| Box 488 | | - | | | | | |
| Hazelwood, MO 63042 | | | | | | | |
| 1 2011 204, 1110 200 12 | | | | | | | |
| | | | | | | | 0.00 |
| | L | | | 丄 | | | 0.00 |
| Account No. xxxxxxxxxxxx1930 | | | Opened 11/18/07 Last Active 5/09/10 | | | | |
| | | | Credit Card | | | | |
| Credit One Bank | | | | | | | |
| Po Box 98873 | | - | | | | | |
| Las Vegas, NV 89193 | | | | | | | |
| | | | | | | | |
| | | | | | | | 0.00 |
| Account No. xxxxxxxxxxx0393 | ┢ | ┢ | Opened 10/01/13 | + | | - | |
| Account No. AAAAAAAAAAAAAA | ł | | Collection Attorney Certified Hand Center | | | | |
| One ditana Bastastian O | | | Confection Attorney Certified Hand Center | | | | |
| Creditors Protection S | | | | | | | |
| Po Box 4115 | | ľ | | | | | |
| Rockford, IL 61101 | | | | | | | |
| | | | | | | | |
| | | | | | | | 2,877.00 |
| Account No. | T | | notice | T | | | |
| | 1 | | | | | | |
| Dennis Berber | | | | | | | |
| 860 Northpoint Blvd | | - | | | | | |
| Waukegan, IL 60085 | | | | | | | |
| | | | | | | | |
| | | | | | | | 0.00 |
| A N | ⊢ | - | One med 40/04/05 Leat Active C/44/40 | \vdash | | | |
| Account No. xxxxxxxx6570 | 1 | | Opened 10/01/05 Last Active 6/11/10 Charge Account | | | | |
| l., ., | | | Charge Account | | | | |
| Ginnys/Swiss Colony Inc | | | | | | | |
| Attn: Bankruptcy | 1 | - | | | | | |
| 1112 7th Ave | 1 | | | | l | | |
| Monroe, WI 53566 | 1 | | | | | | |
| | | | | | | | 270.00 |
| Sheet no. 2 of 4 sheets attached to Schedule of | _ | _ | | Subt | tota | 1 | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | | | | 3,147.00 |

Case 15-81455 Doc 1 Filed 05/29/15 Entered 05/29/15 11:41:50 Desc Main Document Page 18 of 44

B6F (Official Form 6F) (12/07) - Cont.

| In re | Tina L Champlain | Case No. | |
|-------|------------------|----------|--|
| _ | | Debtor | |

| | 1 | ш | sband, Wife, Joint, or Community | | U | D | |
|--|----------|-------------|---|-----------|---|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J H H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | | S P | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx3019 | | | Opened 11/09/07 Last Active 6/29/10 | Ť | T | | |
| Hsbc Bank 95 Washington Street Buffalo, NY 14203 | | - | Credit Card | | D | | 0.00 |
| Account No. xxxxxxxxx6003 | ╁ | \vdash | Opened 7/01/12 | + | | | |
| Jefferson Capital Systems 16 Mcleland Rd Saint Cloud, MN 56303 | | - | Factoring Company Account Fingerhut Direct Mrkting | | | | |
| | | | | | | | 594.00 |
| Account No. | 1 | | COLLECTION/NOTICE | | | | |
| LTD 7322 SOUTHWEST FREEWAY STE 1600 Houston, TX 77074-2053 | | - | | | | | 0.00 |
| Account No. xxxxxxxxxxxxxx5492 | ╁ | | Med1 02 Medical Payment Data | + | | | |
| Mutual Mgmt 401 E State Rockford, IL 61104 | | - | , | | | | 2,500.00 |
| Account No. xxxxxxxxxxxx3019 | ╁ | | Opened 8/01/11 | + | | \vdash | |
| Portfolio Recovery Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541 | | - | Factoring Company Account Hsbc Bank Nevada N.A. | | | | 422.00 |
| Sheet no. 3 of 4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | Subt | | | 3,516.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Tina L Champlain | Case No. | |
|-------|------------------|----------|--|
| _ | | Debtor | |

| _ | | | | _ | | _ | _ | |
|--|----------|-------------|---|--------------|------|-----------------|---------------------|-----------------|
| CREDITOR'S NAME, | CO | Hu | sband, Wife, Joint, or Community | - 6 | U | P | 1 | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | Iυ | D I S P U T E D | | AMOUNT OF CLAIM |
| Account No. | | | medical | ٦Ÿ | I | | İ | |
| Radiology Consultants of Rockford 39020 Eagle Way Chicago, IL 60678 | | - | | | D | | | 1,200.00 |
| Account No. | | | medical | | | | | |
| Swedish American Hospital P.O. Box 310283 Des Moines, IA 50331 | | - | | | | | | |
| | | | | | | | | 30,000.00 |
| Account No. | 1 | | notice | | | | | |
| total card inc 5109 s broadband lane Sioux Falls, SD 57108 | | - | | | | | | |
| | | | | | | | | 0.00 |
| Account No. xxxxxxxxxxx2759 | H | H | Opened 1/05/09 Last Active 6/30/10 | t | t | t | + | |
| Webbnk/fhut 6250 Ridgewood Rd Saint Cloud, MN 56303 | | - | Charge Account | | | | | |
| | | | | | | | | 594.00 |
| Account No. | | | | | | | T | |
| | | | | | | | | |
| Sheet no. <u>4</u> of <u>4</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of | Sub this | | | \int_{0}^{∞} | 31,794.00 |
| 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2. | | | | , | Γota | al | Ī | 72,785.00 |
| | | | (Report on Summary of S | cne | uule | es) | L | |

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B6G (Official Form 6G) (12/07)

| In re | Tina L Champlain | Case No. |
|-------|------------------|----------|
| _ | | Debtor , |

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-81455 Doc 1 Filed 05/29/15 Entered 05/29/15 11:41:50 Desc Main Document Page 21 of 44

B6H (Official Form 6H) (12/07)

| In re | Tina L Champlain | Case No | |
|-------|------------------|---------|--|
| _ | · | | |
| | | Debtor | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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| Fill | in this information to identify your c | ase: | | | | | | | | | | |
|---------------------|---|--|----------------------|------------------------------------|---------------|------------------|-------------------------------------|------------------------|-----------------------------------|-------------------|--|--|
| Del | otor 1 Tina L Chan | nplain | | | | _ | | | | | | |
| | otor 2 puse, if filing) | | | | | | | | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | T OF IL | LINOIS | | _ | | | | | | |
| | se number nown) | | • | | | | | ded filing nent sho | wing post-petition | | | |
| \bigcirc | fficial Form B 6I | | | | | | | | ne following date: | | | |
| | chedule I: Your Inc | ome | | | | | MM / DD | YYYY | | 12/13 | | |
| sup spo atta | as complete and accurate as pos- plying correct information. If you use. If you are separated and you ch a separate sheet to this form. t1: Describe Employment | are married and not fili r spouse is not filing w | ng joint ith you, | tly, and your sp do not include | ouse infor | is livi matic | ing with you, ir on about your s | clude in pouse. I | formation abou f more space is | t your needed, | | |
| 1. | Fill in your employment information. | | Debte | or 1 | | | Debto | 2 or no | n-filing spouse | | | |
| | If you have more than one job, | Franksims and adatus | ■ Er | nployed | | | ■ Em | ■ Employed | | | | |
| | attach a separate page with information about additional | Employment status | □ No | ot employed | | | ☐ Not | ☐ Not employed | | | | |
| | employers. | Occupation | cna | | | | mach | ne ope | rator | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | DOR | S | | | JL Cla | ırk | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | | | |
| | | How long employed to | here? | 5 years | | | | 15 yeaı | rs | | | |
| Esti spou | mate monthly income as of the duse unless you are separated. u or your non-filing spouse have me | ate you file this form. If | | | | | | | | | | |
| - | e space, attach a separate sheet to | | | | | | For Debtor 1 | For | Debtor 2 or -filing spouse | , | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | | 2. | \$_ | 2,739.00 | | 4,100.00 | | | |
| 3. | Estimate and list monthly overt | ime pay. | | | 3. | +\$_ | 0.00 | +\$ | 0.00 | | | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | | 4. | \$_ | 2,739.00 | \$ | 4,100.00 | | | |

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| Debtor 1 Tina | | Tina L Champlain | Case number (if known) | | | | | |
|---------------|-------------------|--|------------------------|----------|----------------------|----------------|--------------------------------|-----------------|
| | | | | For | Debtor 1 | | Debtor 2 or a-filing spouse | |
| | Сор | y line 4 here | 4. | \$ | 2,739.00 | \$ | 4,100.00 | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. 5b. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a. 5b. | \$ \$ | 646.00 0.00 | \$ \$ | 968.00 0.00 | |
| | 5c. 5d. 5e. | Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance | 5c. 5d. 5e. | \$ \$ | 0.00 | \$ \$ \$ | 0.00 | |
| | 5f. 5g. | Domestic support obligations Union dues | 5f. 5g. | \$ | 0.00 0.00 0.00 | \$ | 456.00 0.00 0.00 | |
| _ | 5h. | Other deductions. Specify: uniforms | 5h.+ | \$ | 0.00 | | 28.00 | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 646.00 | \$ | 1,452.00 | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,093.00 | \$ | 2,648.00 | : |
| 8. | 8b. 8c. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8a. 8b. | \$ \$ | 0.00 | \$ \$ | 0.00 0.00 | |
| | 8d. | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. 8d. | \$ \$ | 0.00 | \$ \$ | 0.00 | |
| | ou. 8e. | Unemployment compensation Social Security | 8e. | \$ | 0.00 | φ | 0.00 | : |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | | \$ | 0.00 | \$ \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | · · — | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | 0.00 | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 0. \$_ | 2 | 2,093.00 + \$ | 2,6 | 648.00 = \$ | 4,741.00 |
| 11. | Inclu othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your particular friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not a cify: | depen | • | • | • | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | e. 12. \$ | 4,741.00 |
| 13. | Do y | you expect an increase or decrease within the year after you file this form? No. | ? | | | | Combin monthly | ned y income |
| | П | Yes, Explain: | | | | | | |

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| Gill: | thic informa | tion to identify | our ogge | | | | | | |
|------------|--|--|------------------------|--|---|------------------------|---|--|----|
| FIII II | i this informa | ition to identify yo | our case: | | | | | | |
| Debto | or 1 | Tina L Cham | plain | | | Che | ck if this is: | | |
| | | | | | | | An amended filing | | |
| Debto | | | | | | | | ving post-petition chapter | |
| (Spou | use, if filing) | | | | | | 13 expenses as of | the following date: | |
| United | d States Bankr | uptcy Court for the: | NORTH | IERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | | |
| Casa | number | | | | | П | A senarate filing to | r Debtor 2 because Debto | ٦r |
| (If kno | | | | | | | 2 maintains a sepa | rate household | ′′ |
| Sc Be a | hedule s complete a mation. If m | orm B 6J J: Your and accurate as ore space is ne | possible eded, atta | . If two married people and the control of the cont | re filing together, bo form. On the top of | th are eq any addit | ually responsible f ional pages, write | 12/1 or supplying correct your name and case | 3 |
| Part | | ibe Your House | | | | | | | |
| | Is this a joir | | , noid | | | | | | _ |
| | ■ No. Go to | | | | | | | | |
| | | | in a canar | ate household? | | | | | |
| | | | ın a separ | ate nousenoid? | | | | | |
| | □N | | | | | | | | |
| | □ Y | es. Debtor 2 mus | st file a sep | parate Schedule J. | | | | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | |
| | Do not list D | ebtor 1 | ☐ Yes. | Fill out this information for | Dependent's relation | nship to | Dependent's | Does dependent | |
| | and Debtor 2 | 2. | | each dependent | Debtor 1 or Debtor 2 | 2 | age | live with you? | |
| | Do not state | the | | | | | | □ No | |
| | dependents' | names. | | | | | | ☐ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | ☐ Yes | |
| | | | | | - | | | □ No | |
| | | | | | | | | ☐ Yes | |
| | | | | | - | | - | □ No | |
| | | | | | | | | ☐ Yes | |
| 3. | Do your exp | enses include | _ | | - | | | □ res | |
| | expenses of yourself and | f people other t d your depende | han nts? □ | No Yes | | | | | |
| Part | | ate Your Ongoi | | ly Expenses uptcy filing date unless y | ou are using this for | rm 26 2 6 | unnlament in a Ch | antor 12 case to report | _ |
| expe | | | | y is filed. If this is a supp | | | | | Þ |
| Inclu | ıde expense | es paid for with | non-cash | government assistance i | if you know | | | | |
| | alue of sucl | | d have ind | cluded it on Schedule I: ' | Your Income | | Your expo | enses | |
| | | or home owners and any rent for th | | ses for your residence. I or lot. | nclude first mortgage | 4. | \$ | 565.00 | |
| | If not includ | led in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | · | 0.00 | |
| | | • | | upkeep expenses | | 4c. | | 100.00 | |
| | | owner's associat | | | | | \$ | 0.00 | |
| | | | | our residence, such as ho | me equity loans | 5 | \$ | 0.00 | |

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| Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies Idcare and children's education costs Ithing, laundry, and dry cleaning Isonal care products and services Idical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Inot include car payments. Intertainment, clubs, recreation, newspapers, magazines, and books Intrinstelle contributions and religious donations Intrance. Intertainment include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance. Specify: Intertainment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 | 6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ | 350.00 125.00 350.00 0.00 600.00 100.00 100.00 200.00 400.00 50.00 |
|--|---|---|---|
| Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies Idcare and children's education costs Ithing, laundry, and dry cleaning Isonal care products and services Itical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Include car payments. Intertainment, clubs, recreation, newspapers, magazines, and books Intritable contributions and religious donations Irrance. Intertainment deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance. Other insurance. Specify: Intertainment or lease payments: Car payments for Vehicle 1 | 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. | \$ | 125.00 350.00 0.00 600.00 100.00 100.00 200.00 400.00 50.00 |
| Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies Idcare and children's education costs Ithing, laundry, and dry cleaning Isonal care products and services Idical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Include car payments. Intertainment, clubs, recreation, newspapers, magazines, and books Intritable contributions and religious donations Irrance. Intertainment deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance. Other insurance. Specify: Intertainment or lease payments: Car payments for Vehicle 1 | 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. | \$ | 125.00 350.00 0.00 600.00 100.00 100.00 200.00 400.00 50.00 |
| Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs thing, laundry, and dry cleaning sonal care products and services lical and dental expenses insportation. Include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books iritable contributions and religious donations irance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 | 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ | 350.00 0.00 600.00 100.00 100.00 200.00 400.00 50.00 |
| Other. Specify: d and housekeeping supplies Idcare and children's education costs Ithing, laundry, and dry cleaning Isonal care products and services Itical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Include car payments. Intertainment, clubs, recreation, newspapers, magazines, and books Intritable contributions and religious donations Irrance. Intertainment deducted from your pay or included in lines 4 or 20. If it insurance I Health insurance I Vehicle insurance I Vehicle insurance. Specify: I Less. Do not include taxes deducted from your pay or included in lines 4 or 20. I Life insurance. Specify: I Less. Do not include taxes deducted from your pay or included in lines 4 or 20. I Life insurance. Specify: I Less. Do not include taxes deducted from your pay or included in lines 4 or 20. I Life insurance. Specify: I Less. Do not include taxes deducted from your pay or included in lines 4 or 20. I Life insurance. Specify: I Less Do not include taxes deducted from your pay or included in lines 4 or 20. I Life insurance. Specify: I Less Do not include taxes deducted from your pay or included in lines 4 or 20. I Life insurance. Specify: I Less Do not include taxes deducted from your pay or included in lines 4 or 20. I Less Do not include taxes deducted from your pay or included in lines 4 or 20. I Less Do not include taxes deducted from your pay or included in lines 4 or 20. I Less Do not include taxes deducted from your pay or included in lines 4 or 20. I Less Do not include taxes deducted from your pay or included in lines 4 or 20. I Less Do not include taxes deducted from your pay or included in lines 4 or 20. I Less Do not include taxes deducted from your pay or included in lines 4 or 20. I Less Do not include taxes deducted from your pay or included in lines 4 or 20. I Less Do not include taxes deducted from your pay or included in lines 4 or 20. I Less Do not include taxes deducted from your pay or included in lines 4 or 20. | 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00 600.00 0.00 100.00 200.00 400.00 100.00 50.00 |
| d and housekeeping supplies Idcare and children's education costs Ithing, laundry, and dry cleaning Idcare products and services Idical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Interview of include car payments. Intertainment, clubs, recreation, newspapers, magazines, and books Intritable contributions and religious donations Irrance. Interview of include insurance deducted from your pay or included in lines 4 or 20. If it insurance I Health insurance I Vehicle insurance I Vehicle insurance. Specify: I Less. Do not include taxes deducted from your pay or included in lines 4 or 20. I cify: I Less payments: I Car payments for Vehicle 1 | 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 600.00 0.00 100.00 100.00 200.00 400.00 100.00 50.00 |
| dcare and children's education costs thing, laundry, and dry cleaning sonal care products and services dical and dental expenses insportation. Include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books iritable contributions and religious donations irance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 | 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00 100.00 100.00 200.00 400.00 100.00 50.00 |
| ching, laundry, and dry cleaning sonal care products and services lical and dental expenses insportation. Include gas, maintenance, bus or train fare. not include car payments. certainment, clubs, recreation, newspapers, magazines, and books iritable contributions and religious donations irance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 | 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ | 100.00 100.00 200.00 400.00 100.00 50.00 |
| sonal care products and services dical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Interview of include car payments. Interview of include car payments. Interview of include car payments. Interview of include insurance, and books Intribute contributions and religious donations Intrance. Interview of include insurance deducted from your pay or included in lines 4 or 20. Interview of insurance Interview of include insurance Interview of include insurance Interview of included in lines 4 or 20. Interview of included in lines 4 o | 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ | 100.00 200.00 400.00 100.00 50.00 0.00 |
| lical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Include car payments. Include car payments. Include contributions and religious donations Intrance. International contributions and religious donations International contributions Internation | 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ | 200.00 400.00 100.00 50.00 0.00 |
| Insportation. Include gas, maintenance, bus or train fare. Interest include car payments. Interest include car payments. Interest include car payments. Interest include contributions and religious donations Interest include insurance deducted from your pay or included in lines 4 or 20. Interest insurance included in lines 4 or 20. Interest insurance insuran | 12. 13. 14. 15a. 15b. 15c. 15d. | \$ | 400.00 100.00 50.00 0.00 0.00 |
| not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books uritable contributions and religious donations urance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 | 13. 14. 15a. 15b. 15c. 15d. | \$ | 100.00 50.00 0.00 0.00 |
| ertainment, clubs, recreation, newspapers, magazines, and books iritable contributions and religious donations irance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 | 13. 14. 15a. 15b. 15c. 15d. | \$ | 0.00 0.00 |
| ritable contributions and religious donations rance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 | 14. 15a. 15b. 15c. 15d. | \$ | 0.00 0.00 |
| not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 | 15a. 15b. 15c. 15d. | \$ \$ \$ | 0.00 0.00 |
| not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 | 15b. 15c. 15d. | \$ | 0.00 |
| Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 | 15b. 15c. 15d. | \$ | 0.00 |
| Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 | 15b. 15c. 15d. | \$ | 0.00 |
| Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 | 15c. 15d. | \$ | |
| Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 | 15d. | · - | 170.00 |
| es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 | | w | 0.00 |
| cify: | 16. | · | 0.00 |
| allment or lease payments: Car payments for Vehicle 1 | 10. | \$ | 0.00 |
| . Car payments for Vehicle 1 | | — | 0.00 |
| | 17a. | \$ | 0.00 |
| | 17b. | | 0.00 |
| Other. Specify: husbands car payment | 17c. | · - | 290.00 |
| | | · | 95.00 |
| | 17d. | · - | |
| | | φ | 650.00 |
| | | Ф | 400.00 |
| | a s 18. | \$ | 0.00 |
| | | | 0.00 |
| | 10 | Ψ | 0.00 |
| · | | our Income | |
| | | | 0.00 |
| | | · - | 0.00 |
| | | | 0.00 |
| • • | | • | 0.00 |
| | | · | |
| | | | 0.00 |
| er: Specify: | 21. | +\$ | 0.00 |
| r monthly expenses. Add lines 4 through 21. | 22. | \$ | 4,645.00 |
| | | | 1,010100 |
| culate your monthly net income. | | | |
| • | 23a. | \$ | 4,741.00 |
| | | | 4,645.00 |
| | 200. | T | 7,070.00 |
| Subtract your monthly expenses from your monthly income. | | | |
| The result is your <i>monthly net income</i> . | 23c. | \$ | 96.00 |
| | Other. Specify: husbands tractor payment husbands personal credit cards husbands personal loan payments r payments of alimony, maintenance, and support that you did not report a facted from your pay on line 5, Schedule I, Your Income (Official Form 6I). For payments you make to support others who do not live with you. Cify: For real property expenses not included in lines 4 or 5 of this form or on Schottgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues For: Specify: In monthly expenses. Add lines 4 through 21. Tresult is your monthly expenses. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22 above. Subtract your monthly expenses from your monthly income. The result is your monthly net income. | Other. Specify: husbands tractor payment husbands personal credit cards husbands personal loan payments r payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, Schedule I, Your Income (Official Form 6I). It is repayments you make to support others who do not live with you. It is repayments you make to support others who do not live with you. It is repayments you make to support others who do not live with you. It is real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Mortgages on other property 20a. Real estate taxes 20b. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condominium dues 20e. It is your monthly expenses. Add lines 4 through 21. It is your monthly expenses. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy your monthly expenses from line 22 above. 23b. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. You expect an increase or decrease in your expenses within the year after you file this xample, do you expect to finish paying for your car loan within the year or do you expect your mortgage patication to the terms of your mortgage? | Other. Specify: husbands tractor payment husbands personal credit cards husbands personal loan payments so falimony, maintenance, and support that you did not report as ucted from your pay on line 5, Schedule I, Your Income (Official Form 6I). For payments you make to support others who do not live with you. For real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues For result is your monthly expenses. Add lines 4 through 21. For monthly expenses. Add lines 4 through 21. For monthly expenses. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22 above. Subtract your monthly expenses from your monthly income. The result is your monthly net income. Subtract your monthly expenses from your monthly income. The result is your monthly net income. You expect an increase or decrease in your expenses within the year after you file this form? Income the your mortgage? For your mortgage? |

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 $B6\ Declaration\ (Official\ Form\ 6$ - Declaration). (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Tina L Champlain | | | Case No. | |
|-------|--|-----------|----------------------|-----------|--------------------|
| | | | Debtor(s) | Chapter | 7 |
| | | | | | |
| | DECLARATION C | CONCERN | NING DEBTOR'S | SCHEDUL | ES |
| | DECLARATION UNDER | PENALTY (| OF PERJURY BY INDI | VIDUAL DE | BTOR |
| | | ha Thanas | 1.1. 6 | | |
| | I declare under penalty of perjury the sheets, and that they are true and correct to the sheets. | | | | les, consisting of |
| | | | | | |
| Date | May 29, 2015 | Signature | /s/ Tina L Champlain | | |
| | | | Tina L Champlain | | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Debtor

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B7 (Official Form 7) (04/13)

United States Bankruptcy Court Northern District of Illinois

| In re | Tina L Champlain | | Case No. | |
|-------|------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE \$9,500.00 2015 income \$25,500.00 2014 income \$0.00 2013 income

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

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3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF
TRANSFERS TRANSFERS

NAME AND ADDRESS OF CREDITOR

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

AMOUNT STILL

OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER Capital One vs NATURE OF PROCEEDING collection

COURT OR AGENCY AND LOCATION Winnebago County 09LM229 STATUS OR DISPOSITION judgment

Tina Dilbeck

None b

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

Capital One Box 6492

Carol Stream, IL 60197

2009 to present payroll

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Eric Pratt Law Firm P.C. 3957 North Mulford Rd. Suite C Rockford, IL 61114 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$1,485.00

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10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER husband

DESCRIPTION AND VALUE OF PROPERTY Home, cars, personal & household items

LOCATION OF PROPERTY

same as debtor

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15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

GOVERNIMENTAL CIVIT

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL

SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the

docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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18 . Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six **years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND NATURE OF BUSINESS **ENDING DATES**

NAME None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.



ADDRESS NAME

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

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20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

(Specify cost, market of other basis)

None

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

None

ADDRESS

DATE OF WITHDRAWAL

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date May 29, 2015

Signature //s/ Tina L Champlain

Tina L Champlain

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

United States Bankruptcy Court Northern District of Illinois

| | | Not therm Di | strict or minus | • | |
|-----------------|--|------------------------------|---|----------------------------------|-----------------------------------|
| In re | Tina L Champlain | | | Case No. | |
| | | | Debtor(s) | Chapter | 7 |
| | CHAPTER 7 | ' INDIVIDUAL DEBTO | OR'S STATEM | ENT OF INTEN | VTION |
| PART | A - Debts secured by proper property of the estate. Atta | | | mpleted for EAC | H debt which is secured by |
| Propert | ty No. 1 | | | | |
| Credit | or's Name: | | Describe Prope | erty Securing Debi | i: |
| | ty will be (check one): Surrendered | ☐ Retained | | | |
| | ning the property, I intend to (cl Redeem the property Reaffirm the debt Other. Explain | | oid lien using 11 | U.S.C. § 522(f)). | |
| | | (191 0.1111 p10, u.) | ord from doing 11 | c.a.c. 3 c22(1)). | |
| | ty is (check one): Claimed as Exempt | | ☐ Not claimed | as exempt | |
| Attach a | B - Personal property subject to additional pages if necessary.) | unexpired leases. (All three | e columns of Part | B must be complete | ed for each unexpired lease. |
| Lessor -NONE | 's Name: - | Describe Leased Pr | operty: | Lease will be U.S.C. § 365 ☐ YES | e Assumed pursuant to 11 5(p)(2): |
| persona | re under penalty of perjury th al property subject to an unex May 29, 2015 | pired lease. | intention as to a /s/ Tina L Cham Tina L Champla | plain | estate securing a debt and/or |
| | | | Debtor | | |

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United States Bankruptcy Court Northern District of Illinois

| In r | e Tina L Champlain | | Case No. | | |
|------|---|--|----------------------|------------------------------------|----|
| | | Debtor(s) | Chapter | 7 | _ |
| | DISCLOSURE OF COMP | ENSATION OF ATTOR | NEY FOR DE | CBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule compensation paid to me within one year before the f be rendered on behalf of the debtor(s) in contemplation | iling of the petition in bankruptcy, o | or agreed to be paid | to me, for services rendered or to | |
| | For legal services, I have agreed to accept | | \$ | 1,485.00 | |
| | Prior to the filing of this statement I have received | | | 1,485.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | \$_335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed co | mpensation with any other person u | inless they are mem | pers and associates of my law firm | 1. |
| | ☐ I have agreed to share the above-disclosed compectopy of the agreement, together with a list of the | | | | |
| 6. | In return for the above-disclosed fee, I have agreed to | render legal service for all aspects | of the bankruptcy c | ase, including: | |
| | a. [Other provisions as needed] see attached fee agreement | | | | |
| 7. | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding or an | dischargeability actions, judic | ial lien avoidanc | es, relief from stay actions o | r |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement of bankruptcy proceeding. | any agreement or arrangement for p | payment to me for re | presentation of the debtor(s) in | |
| Date | ed: May 29, 2015 | /s/ Steven Gaerke | | | |
| | | Steven Gaerke Eric Pratt Law Firn | n B C | | |
| | | 3957 North Mulfor | | | |
| | | Suite C Rockford, IL 61114 | 4 | | |
| | | 815-315-0683 Fax | : 815-516-5943 | | |
| | | rockford@jordanp | ratt.com | | _ |

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CHAPTER 7 FLAT FEE AGREEMENT

- 1. Eric Pratt Law Firm, P.C. ("Attorney"), is engaged to represent Tink CHARLEAIN ("Client"), in a Chapter 7 Bankruptcy. Attorney and Client agree that this representation includes the Petition, Statements and Schedules and representation at the 341(a) meeting. It does **not** include representation in Reaffirmation Agreements, Bankruptcy Court appearances, dischargability complaints and inquiries into the value of assets. Additional fees will be required if these services are needed.
- 2. Client agrees to pay Attorney a flat fee of \$ 1975.00 to be paid as stated below in the Payment Plan. This fee, upon payment, becomes the property of the law firm. Client hereby directs Attorney to deposit these funds in Attorney's business account. The firm will begin work upon receipt of the flat fee. In the event Client discharges or terminates this agreement or services covered under this agreement, then Attorney shall deduct the amount of \$300 prior to refunding.
- 3. Client will be responsible for costs, such as the filing fees, in addition the Attorney fees. This includes the \$335 filing fee plus the \$73 credit report fee. The filing fee of \$335 shall be paid by separate check or cash to be placed in the Trust account.
- 4. By signing this agreement, I agree that I have had an opportunity to discuss the agreement with Attorney, understand the agreement, and have had an opportunity to ask questions and have received an explanation for any questions that I had. I understand that there are no guarantees regarding qualifying for Chapter 7 bankruptcy and no guarantees regarding keeping equity in any assets.

| | grand and the state of the stat |
|---|--|
| CLIENT Mad (has ye la) | ERIC PRATT LAW FIRM, P.C. By: |
| PAYMENT PLAN: If payment is being made via debit card, \$\frac{10000}{00} \text{ on the } \frac{7}{2} \text{ day of each model} All payments automatic via debit card on | then the payments are as follows: \$\frac{9/19/19}{100.00} \text{tenday}. Then, nth hereafter beginning on the \frac{7}{2} \text{day of } 000000000000000000000000000000000000 |
| If payment via cash or check then paymed day of each month hereafter beging dropped off at the office. | ents are as follows: \$ today. Then, \$ on the ning on the day of 201 to be mailed in or |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

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B 201B (Form 201B) (12/09)

United States Bankruptcy Court Northern District of Illinois

| | Norther | n District of Illinois | | | |
|--------|--|--|------------------------|------------------------|-------|
| In re | Tina L Champlain | | Case No. | | |
| | | Debtor(s) | Chapter 7 | | |
| | CERTIFICATION OF NO UNDER § 342(b) OF | | ` | 5) | |
| Code. | Certific I (We), the debtor(s), affirm that I (we) have received | ication of Debtor d and read the attached n | notice, as required by | § 342(b) of the Bankru | ıptcy |
| Tina L | . Champlain | χ /s/ Tina L Cha | amplain | May 29, 2015 | |
| Printe | d Name(s) of Debtor(s) | Signature of I | Debtor | Date | |
| Case N | No. (if known) | X | | | |
| | | Signature of J | oint Debtor (if any) | Date | |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

United States Bankruptcy Court Northern District of Illinois

| | | Northern District of Illinois | | |
|-------|---|---|-----------------|---------------------------|
| In re | Tina L Champlain | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| | ${f v}$ | ERIFICATION OF CREDITOR M | ATRIX | |
| | | Number of | Creditors: _ | 23 |
| | The above-named Debtor(s (our) knowledge. | s) hereby verifies that the list of creditor | ors is true and | correct to the best of my |
| Date: | May 29, 2015 | /s/ Tina L Champlain Tina L Champlain Signature of Debtor | | |

Allied Interstate Box 4000 Warrenton, VA 20188

American Accounts & Advisors 7460 80th St S Cottage Grove, MN 55016

Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622

Blitt and Gaines 661 W Glenn Ave Wheeling, IL 60090

Calvary Portfolio Services Attention: Bankruptcy Department 500 Summit Lake Dr. Suite 400 Valhalla, NY 10595

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Ccs/first Savings Bank 500 E 60th St N Sioux Falls, SD 57104

Certified Hand Ctr Of Rkfd in Byron Box 809170 Chicago, IL 60680

COMO Law Firm Box 130668 Saint Paul, MN 55113

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Ginnys/Swiss Colony Inc Attn: Bankruptcy 1112 7th Ave Monroe, WI 53566

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Jefferson Capital Systems 16 Mcleland Rd Saint Cloud, MN 56303

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